SARC
Volunteer Application

Directions: Complete this application and return it to the Community Affairs Coordinator by fax or at the address listed below. If you wish, you may attach a resume to your application. All information provided is confidential.

Return via fax to: 607.962.7520

Return via regular mail to:

Community Affairs Coordinator
SARC
135 Walnut Street
Corning, NY 14830

The Application Process

- Complete this application and return it to SARC.
- Once it is reviewed, you will be called for a brief telephone interview.
- You will then be asked to come in to our office for an in-person interview and your references will be checked.
- Once you’re approved, you will need to attend a 30-hour training program.
- When your training is successfully completed, you can begin your volunteer experience!
- Questions? Please call 1.888.810.0093 and ask for the Community Affairs Coordinator.

Our Mission:
All people have the right to live free from sexual violence. The Sexual Assault Resource Center exists to provide comprehensive rape crisis intervention, and prevention services in Chemung, Schuyler, & Steuben counties, and to improve community response to sexual assault.
I am generally available (check all that apply):

☐ Mon  ☑ Tues  ☐ Wed  ☐ Thurs  ☐ Fri  ☐ Sat
☐ Sun  Hours Available: ___________________

Do you have access to a car?

Do you have access to a landline or cell phone?

Current or Previous Volunteer Experience

Where: __________________________________
Position: __________________ How Long: _____

Where: __________________________________
Position: __________________ How Long: _____

Since your 18th birthday, have you been convicted of any criminal offense? ☐ Yes  ☐ No

If yes, please briefly explain:

_________________________________________________________________________________

Please list two references (one personal, one professional):

Name: _________________________________
Daytime Phone: ___________________________
Relationship: ____________________________

Name: _________________________________
Daytime Phone: ___________________________
Relationship: ____________________________

Please provide an emergency contact:

Name: __________________________________
Phone: _________________________________
Relationship: ____________________________

Please write something about who you are, why you want to volunteer with a sexual assault program, and what you have to offer SARC. How does volunteering for SARC meet your needs?

What concerns do you have about volunteering for SARC?